

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015458

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

87

Primary Registration District No.

4565

Registrar's No.

37

FILED APR 30 1963

VS 300
Rev. 4/59

1 0281

2 84202

3

4 0

5 1

6

7 1

8 2

9 X

10

11 028

12 92-0

13 4-0

X

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Crawford

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sullivan

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Sullivan Comm. Hosp. D.O.A.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Texas

b. COUNTY

San Antonio

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

160 Harmon

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Lawrence

Middle

Self

Last

4. DATE OF DEATH

Month Day Year

April 17, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/12/1906

9. AGE (last birthday)

57

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

P.X. Employee

11. KIND OF BUSINESS OR INDUSTRY

Government

12. BIRTHPLACE (City and state or country)

Chicago, Ill.

13. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel Self

13b. MOTHER'S MAIDEN NAME

Mary Ziavra

14. NAME OF HUSBAND OR WIFE

Elisabeth Self

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of)

Yes W.W.II

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Elisabeth Self, San Antonio, Tex

Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe Intracranial Injury

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Car Accident

DUE TO (c)

(FACIAL FRACTURES)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture @ forearm both bones

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

CAR HIT BRIDGE ON Hi-WAY 66. 1 MILE EAST OF SULLIVAN, MO. IN EAST BOUND LANE

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Hi-WAY 66 - 1 MILE EAST OF SULLIVAN

20f. CITY, TOWN, OR LOCATION

D.O.A. SULLIVAN COMM. HOSP.

COUNTY

Mo.

STATE

21. I attended the deceased from

Death occurred at

17 APR 63

11

A.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

MD

22b. ADDRESS

Sullivan, Mo

22c. DATE SIGNED

17 APR 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/22/1963

23c. NAME OF CEMETERY OR CREMATORY

Ft. Sam Houston Nat'l

23d. LOCATION (City, town, or county)

Ft. Sam Houston, Texas

(State)

24. FUNERAL DIRECTOR

Zizik, Kearns, Downing F.H.

ADDRESS

San Antonio, Texas

25. DATE RECD. BY LOCAL REG.

April 18, 1963

26. REGISTRAR'S SIGNATURE

William Cowan

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1963

MAY 2 1963

MAY 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Thurman W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.